

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape CountyRegistration District No. 1257

Township

Primary Registration District No. 3009

City

Cape Girardeau(No. 314 S Middle (Rear))File No. 37335Registered No. 921

St.

Ward)

2. FULL NAME

Canzadia Thomas

(a) Residence, No.

314 S. Middle (Rear) St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEdward Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 30, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cape Girardeau
Mo.

MOTHER FATHER

13. NAME Allen Thacker14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Dont Know15. MAIDEN NAME Hannah TurnerBollinger County16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT
(ADDRESS)Thelma Daniel
Cape GirardeauMo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fairmount Cem.

DATE

IOX 7 / 193719. UNDERTAKER
(ADDRESS)Haman Funeral Home
Cape Girardeau Missouri

20. FILED

10-5-37 Jm Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1930 to Oct 5, 1937I last saw him alive on Oct 5, 1937 Death is saidto have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis

Date of onset

Other contributory causes of importance:

Complicated with Rheumatism

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John St. Vit, M. D.

(Address)

621 - Franklin St
Cape Girardeau
Mo

6 N Spent
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